

R N**Texas Board of Nursing**333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
Phone: 512-305-7400 -- Web Site: www.bon.texas.gov

For Office Use Only:

Amount _____

Date Rec'd _____

Timely License Renewal Form

This renewal form may only be used for the time period of the 60 days leading up to the license expiration date. Please refer to the enclosed detailed instructions, RN checklist and statistical codes to assist in completing this form. You must answer all questions and sign and return both pages. Normal processing time is within fifteen business days. If your RN license is **not** renewed by the expiration date, you will have to cease practice until the license has been renewed and our computer system has been updated to reflect that your RN License is in **CURRENT STATUS**. Therefore, it is your responsibility to submit the renewal form and the required fee(s) early enough to allow sufficient time for processing. You must meet the requirements to practice as a Registered Nurse in Texas. The Rules pertaining to the maintenance of your license and your eligibility to renew are located at 22 Texas Administrative Code (TAC) chapter 216 and §§213.27, 213.28, 213.29, 213.33, 217.6 and 217.7.

In order to avoid any late fees, renewal applications and all pertinent documentation must be postmarked no later than the last day of the month in which your nursing license expires.

Make your check or money order payable to the Texas Board of Nursing. Fees are non-refundable.

☐ **TIMELY RN RENEWAL ONLY** (prior to expiration date) Fee: \$70.00

☐ **RN RETIRED LICENSE** Fee: \$10.00

Must be requested prior to license expiring and meet requirements of 22 TAC §217.9

☐ **RN INACTIVE STATUS** No Fee Required.

Must be requested prior to license expiring and meet requirements of 22 TAC §217.9

Name(Last): _____ (First): _____ (M): _____

Legal documentation is required for a name change (see 22TAC §217.7)

RN License Number: _____ Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Mo Day Yr

(Address) _____ (City) _____ (State/Country) _____ (Zip/Postal Code) _____

(E-Mail Address) _____

** ()
Business Fax Number

*For statistical information below, please use the statistical code sheet provided

*Employment Status: _____ *Primary Practice Setting: _____ *Primary Practice Position: _____

*Primary Specialty: _____ *Highest Degree: _____ *Primary Employment Zip: _____

In accordance with the Texas Occupations Code, section 304.001, art. 4 and 22 TAC §220.2, check one of the following:

- ☐ **I declare Texas as my primary state of residence and I have provided a Texas address.** I am eligible for a Compact Texas License (if applicable, once you receive the Texas license, your other compact state license(s) will be inactivated).
- ☐ **I declare Texas as my primary state of residence but I have not provided a Texas address.** I am eligible for a Single State Texas License only.
- ☐ **I am declaring a Non-Compact State as my primary state of residency.** My permanent residence is not Texas, however, it is a state not participating in the Nurse Licensure Compact. I am eligible for a Single State Texas License only. (You may visit https://www.ncsbn.org/Implementation_dates_list.pdf for a listing of participating states) I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.
- ☐ **I am declaring another Compact State as my primary state of residency.** My permanent residence is not Texas, and is a state participating in the Nurse Licensure Compact. Please put my Texas license on Inactive Status. (You may visit https://www.ncsbn.org/Implementation_dates_list.pdf for a listing of participating states) I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.
- ☐ **I am employed exclusively in the US military (Active Duty) or with the U.S. Federal Government and am requesting a Texas single-state license regardless of my primary state of residence.** I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.

☐ No ☐ Yes Have you practiced nursing by using your nursing knowledge, skills and abilities within the past four (4) years?

In which states are you currently practicing nursing electronically _____, telephonically _____, or physically _____. List all states that apply.

** Please note that your business fax number is being collected for use by an emergency relief program, as authorized by the Texas Occupations Code §301.206 and is confidential and not subject to disclosure.

Eligibility Questions - Answering the questions below and signing the form is mandatory.

1) ☐ **No** ☐ **Yes** *Have you, within the past 24 months or since your last renewal, for any criminal offense, including those pending appeal:

- A. been convicted of a misdemeanor?
- B. been convicted of a felony?
- C. pled nolo contendere, no contest, or guilty?
- D. received deferred adjudication?
- E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- F. been sentenced to serve jail or prison time? court-ordered confinement?
- G. been granted pre-trial diversion?
- H. been arrested or have any pending criminal charges?
- I. been cited or charged with any violation of the law?
- J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

NOTE: Orders of Non-Disclosure: Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to the Gov't Code chapter 411, the Texas Board of Nursing is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character and fitness.

2) ☐ **No** ☐ **Yes** *Are you currently the target or subject of a grand jury or governmental agency investigation?

3) ☐ **No** ☐ **Yes** Has any licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you? (You may exclude disciplinary actions issued by the Texas Board of Nursing and disciplinary actions previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)

4) ☐ **No** ☐ **Yes** *In the past 5 years, have you been diagnosed with or treated or hospitalized for schizophrenia or other psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder? (You may answer "No" if you have completed and/or are in compliance with TPAPN for mental illness OR you've previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regime and have had no further hospitalization since disclosure.)

5) ☐ **No** ☐ **Yes** *In the past 5 years, have you been addicted to or treated for the use of alcohol or any other drug? (You may answer "no" if you have completed and/or are in compliance with TPAPN)

I attest that I understand and meet all the requirements to practice for the type of renewal requested. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form. Further, I understand that it is a violation of 22 TAC §217.12(6)(l) and the Penal Code, sec. 37.10, to submit a false statement to a governmental agency.

Sign: _____ Date: _____
(SIGNATURE REQUIRED)

*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

NOTE: IF YOU ANSWERED "YES" TO #1-5 PLEASE REFER TO INSTRUCTIONS

STATISTICAL CODES

HIGHEST DEGREE IN NURSING

- 1 = DIPLOMA
- 2 = ASSOCIATE DEGREE
- 3 = BACCALAUREATE IN NURSING
- 5 = MASTERS IN NURSING
- 7 = DOCTORATE IN NURSING
- 9 = VOCATIONAL NURSE/PRACTICAL NURSE PROGRAM

EMPLOYMENT STATUS

- 1 = EMPLOYED IN NURSING FULL TIME
- 2 = EMPLOYED IN NURSING PART TIME
- 3 = EMPLOYED IN OTHER FIELD FULL TIME
- 4 = EMPLOYED IN OTHER FIELD PART TIME
- 5 = UNEMPLOYED, RETIRED OR INACTIVE

PRIMARY PRACTICE SETTING:

- 1 = INPATIENT HOSPITAL CARE
- 2 = OUTPATIENT HOSPITAL CARE
- 3 = SCHOOL OF NURSING
- 4 = COMMUNITY/PUBLIC HEALTH
- 5 = SCHOOL/COLLEGE HEALTH
- 6 = SELF-EMPLOYED/PRIVATE PRACTICE
- 7 = PHYSICIAN OR DENTIST/PRIVATE PRACTICE
- 8 = RURAL HEALTH CLINIC
- 9 = FREESTANDING CLINIC
- 10 = HOME HEALTH AGENCY
- 11 = MILITARY INSTALLATION
- 12 = TEMPORARY AGENCY/NURSING POOL
- 13 = NURSING HOME/EXTENDED CARE FACILITY
- 14 = BUSINESS/INDUSTRY
- 15 = OTHER: _____

PRIMARY PRACTICE POSITION:

- 1 = ADMINISTRATOR OR ASSISTANT
- 2 = CONSULTANT
- 3 = SUPERVISOR OR ASSISTANT
- 4 = FACULTY/EDUCATOR
- 5 = HEAD NURSE OR ASSISTANT
- 6 = STAFF NURSE/GENERAL DUTY
- *7 = NURSE PRACTITIONER
- *8 = CLINICAL NURSE SPECIALIST
- *9 = NURSE ANESTHETIST
- *10 = NURSE MIDWIFE
- 11 = INSERVICE/STAFF DEVELOPMENT
- 12 = SCHOOL NURSE
- 13 = OFFICE NURSE
- 14 = RESEARCHER
- 15 = OTHER: _____

** TEXAS BOARD OF NURSING APPROVAL REQUIRED*

PRIMARY SPECIALTY:

- 1 = COMMUNITY/PUBLIC HEALTH
- 2 = GENERAL PRACTICE
- 3 = GERIATRICS
- 4 = OBSTETRICS/GYNECOLOGY
- 5 = MEDICAL/SURGICAL
- 6 = PEDIATRICS
- 7 = PSYCHIATRIC/MENTAL HEALTH/SUBSTANCE ABUSE
- 8 = ANESTHESIA
- 9 = EMERGENCY CARE
- 10 = HOME HEALTH
- 11 = INTENSIVE/CRITICAL CARE
- 12 = NEONATOLOGY
- 13 = ONCOLOGY
- 14 = OPERATING/RECOVERY CARE
- 15 = REHABILITATION
- 16 = OCCUPATIONAL/ENVIRONMENTAL HEALTH
- 17 = OTHER: _____

GENERAL INSTRUCTIONS
(Do not return this sheet)

In order to maintain your license, you must meet the requirements of 22 TAC Chapter 216 and §§213.27, 213.28, 213.29, 213.33, 217.6 and 217.7, as applicable and pay the appropriate fee. *"A registered nurse who practices professional nursing or a vocational nurse who practices vocational nursing after the expiration of the nurse's license is an illegal practitioner whose license may be revoked or suspended."* Texas Occupations Code § 301.301(f).

PRIMARY STATE OF RESIDENCE

Primary state of residence is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile. Declaring a compact state, other than Texas, will cause your renewal to be rejected since you can practice in Texas on your declared compact state license. For more information regarding the compact, visit our website at www.bon.texas.gov or the National Council of State Boards of Nursing's website at www.ncsbn.org.

CONTINUING EDUCATION

If this is the **first** timely renewal of your Texas nursing license, Continuing Education (CE) requirements are waived. Otherwise, you are required to complete 20 contact hours of continuing education that meet the Board's criteria set out in 22 TAC Chapter 216 prior to applying for the renewal of your license.

NAME CHANGE

For name change, you must submit a copy of legal documentation, (e.g., marriage license, divorce decree, corrected driver's license), which states the name change.

COPIES OF LICENSES

Reminder: No More Paper Licenses Upon Renewal After September 1, 2008. The Board of Nursing discontinued issuing wallet-sized paper licenses for nurses renewing their licenses after September 1, 2008. Nurses and nurse employers should go to the Board's website at www.bon.texas.gov to verify a license online. The verification, once printed, will resemble a license and will allow you to have the document laminated for the purpose of carrying.

INACTIVE STATUS

If your nursing license is current, you may be eligible to request inactive status. [See 22 TAC §217.9 for more information.] Check the appropriate box on the front of the renewal form, complete all applicable areas and mail the form to the Board's address listed at the top of the renewal form. No fee is required. If you desire to re-enter the practice of nursing in Texas, you will be required to pay a reactivation fee and meet all current requirements in effect at the time you desire to re-enter the practice of nursing.

RETIRED STATUS

If your nursing license is in good standing with the Board according to Rule 217.9 (b), you may apply for retired status. Check the appropriate box on the front of the renewal form, complete all applicable areas and mail the form with the appropriate fee to the Board's address listed at the top of the renewal form. A nurse whose license is in "retired" status may not practice as a nurse. If you desire to reactivate your Texas nursing license to a current status, you will be required to pay a reactivation fee and meet all current requirements in effect at that time.

VOLUNTEER RETIRED STATUS

If your nursing license is in good standing with the Board according to Rule 217.9 (b), you may apply for volunteer retired status. You will need to download the Volunteer Retired Nurse Authorization Form. Complete the form and mail it with the applicable fee to the Board's address listed at the top of form. A nurse whose license is in "volunteer retired" status may practice voluntarily (such practice must be without compensation or expectation of compensation as a direct service volunteer of a charitable organization), and must meet the requirements of 22 TAC §§217.9, 217.11, 217.12 and Chapter 216. If you desire to reactivate your Texas nursing license to a current status, you will be required to pay a reactivation fee and meet all current requirements in effect at that time.

LATE RENEWALS

According to the Texas Occupations Code, § 301.301(c), any application for renewal received after the expiration date shall be charged a late fee. If your renewal is late, then you may not use this form. You will need to download the applicable delinquent renewal form. **THERE IS NO GRACE PERIOD.**

Renewal Form Checklist - (Do not return this sheet)

- ___ Checked type of renewal?
- ___ Have you answered all the questions on the renewal form?
- ___ Have you signed and dated the renewal form?
- ___ Have you enclosed the appropriate fee?
- ___ Have you completed 20 hrs of Continuing Education that meet the criteria in 22 TAC Chapter 216 (if applicable)?
- ___ Did you read the instructions regarding Primary State of Residence? Note: Declaring a compact state, other than Texas, will cause your renewal to be rejected.

GENERAL INSTRUCTIONS - Continued

If you answered yes to questions 1-5 of the Eligibility Questions on page 2, you must provide the Board with the following information:

***QUESTION #1.** The Board has determined that criminal behavior is highly relevant to an individual's fitness to practice nursing. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication, a determination by a court that is withheld or delayed for a specific time period, must be reported to the Board. This question includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. SUBMIT a personal letter of explanation describing each incident, the behavior that led up to the criminal order and your conduct since the order, and any rehabilitative efforts that have been performed since the order. In addition, SUBMIT the following documentation for **all** felonies, **all** misdemeanors, and **all** military actions:

Certified copies of:

1. charges (indictment, information, or complaint);
2. disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
3. evidence that the conditions of the court have been met.

(To obtain this documentation, contact the county clerk in the jurisdiction where the order was issued for misdemeanors; district court clerk for felonies. If the record does not exist, you must obtain a statement from that court that the document has been destroyed or could not be located.)

You may answer "NO" to the question of prior convictions only if you: (a) received a pardon; or (b) were adjudicated as a minor without a finding of "delinquent conduct". If you were ever required to register as a sex offender, you must answer "YES".

If you have questions regarding the outcome of any criminal matter, consult your attorney.

***QUESTION #2.** The Nursing Practice Act provides that a person's conduct in violation of the Nursing Practice Act or rules of the Board may be considered as a factor in its deliberations regarding fitness to practice nursing. Therefore, if a licensee or applicant is the subject of a grand jury or governmental agency investigation, the information regarding conduct or behavior giving rise to the investigation may be relevant in determining a violation of the Nursing Practice Act or lead to the admissibility of relevant evidence of such violation. If you are the subject of a grand jury or governmental agency investigation, please SUBMIT the name and address of the investigating entity and an explanation as to the basis of the investigation.

QUESTION #3. The Board has determined that if any licensing authority has taken disciplinary action against a person for any reason, then those actions are highly relevant to an individual's current ability to practice nursing in the state of Texas. If any licensing authority has refused to issue a license, revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi state privilege held by you or previously fined, censured, reprimanded or otherwise disciplined you, SUBMIT the names and address of the licensing authority who has taken action and a letter explaining the background of the action. Additionally, SUBMIT certified copies of:

1. formal charges or allegations supporting the licensure action;
2. final disposition of the licensing authority regarding those formal charges or allegations; and
3. evidence that the conditions of the licensing authority's order or requirements have been met.

***QUESTION #4.** The practice of nursing requires current fitness. The Board has identified certain disorders which, if occurring within the last 5 years, may indicate a lack of fitness. The disorders are: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder. If you have been diagnosed, treated, or hospitalized for any of the above illnesses within the last 5 years, submit the following information that will allow the Board to conduct an individualized assessment of your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge.

1. A report, on letterhead, from your physician, psychiatrist, psychologist or counselor, sent directly to this office, that includes: your diagnosis; treatments rendered; including current medications; prognosis; cognitive, affective, and emotional stability and continuing after-care recommendations, including reasonable accommodations needed to safely practice nursing, if any; and,
2. Verification of compliance with aftercare recommendations.

Please be advised that a physical/psychological evaluation may be requested as part of your individualized assessment. The evaluation process is described in more detail at www.bon.texas.gov/disciplinaryaction/eval-guidelines.html.

The evaluation process could potentially delay consideration of your renewal. Therefore, the Board is providing advance notice of this possibility so that applicants may contact the Board to schedule an evaluation at the beginning of the renewal process. By doing so, the renewal should not be unduly delayed. An applicant is not required to contact the Board in advance of Board consideration of the renewal. The applicant may choose to wait for a specific decision by the Board that a specific evaluation is necessary. This information is being provided to put applicants on notice with respect to this potential requirement and afford the applicant the opportunity to expedite the process if he/she so desires.

*QUESTION #5. The practice of nursing requires current sobriety and fitness. If you have been addicted to or treated for the use of alcohol or any other drug within the last five years, SUBMIT:

1. verification of treatment for substance abuse sent directly to the Board from the treatment center;
2. verification of compliance with aftercare recommendations;
3. evidence of continuing sobriety/abstinence; for example, current support group attendance and random drug testing results;
and
4. a personal letter of explanation with sobriety date and plan for relapse prevention.

*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.